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CONFIRMATION NO. 1897

<b>SERIAL NUMBER</b> 10/674,235	<b>FILING OR 371(c) DATE</b> 09/29/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> END 5214
<b>APPLICANTS</b> Rudolph Nobis, Mason, OH; Christopher J. Hess, Cincinnati, OH; Michael J. Stokes, Cincinnati, OH;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 07/01/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>Met after</i> Verified and Acknowledged <i>Met after</i>		<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 14	<b>TOTAL CLAIMS</b> 12
Examiner's Signature <i>Met after</i> Initials <i>UH</i>		<b>INDEPENDENT CLAIMS</b> 1		
<b>ADDRESS</b> 27777				
<b>TITLE</b> Actuation mechanism for flexible endoscopic device				
<b>FILING FEE RECEIVED</b> 880	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	